

## PEROXIDE FORMING CHEMICAL EVALUATION SHEET

<u>Admin info</u>	
Owner: _____	Division: _____ Group: _____
Building: _____	Room: _____ Ext.: _____
Evaluator: _____	Ext.: _____ Date: _____
<u>Hazard Evaluation</u> (To determine if container is safe to open and test for peroxide concentration)	
<u>Material info</u>	
Chemical name: _____	Manufacturer: _____
Manufacturer Part No.: _____	Lot No.: _____
LBNL Chem Inventory Bar Code No.: _____	
Tested for peroxides by owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Method: _____	
Result: _____ Date of test: _____	
Peroxide former category (see list): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Within expiration date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Received date: _____ Last opened: _____ Expiration date: _____	
Inhibitor added? <input type="checkbox"/> Yes <input type="checkbox"/> No Inhibitor name: _____	
<u>Container condition</u>	
Container type: <input type="checkbox"/> Steel <input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Primary or <input type="checkbox"/> Secondary	
Container volume: _____ Remaining liquid volume: _____	
Container in good condition (lack of deformation)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Closed container free of detectable odor (i.e., lack of active evaporation)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Container and cap free of crystal formation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contents free of stratification, cloudiness & wisp-like structures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Storage conditions</u>	
How stored? <input type="checkbox"/> Flam cabinet <input type="checkbox"/> Refrigerator Other _____	
Protected from sunlight or UV source (e.g., lamp)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comment: _____	
Stored away from heat? <input type="checkbox"/> Yes <input type="checkbox"/> No If exposed to heat, note how long & temp. range _____	
<u>Hazard Determination</u>	
Is container safe to open and test for the presence of peroxides? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Peroxide concentration (ppm): _____ Method _____	
<u>Disposition of material</u>	
<input type="checkbox"/> Stays with owner: Bookmark: <a href="http://www.lbl.gov/ehs/chsp/html/reactives.shtml#Peroxide">http://www.lbl.gov/ehs/chsp/html/reactives.shtml#Peroxide</a>	
<input type="checkbox"/> Disposal: <input type="checkbox"/> LBNL EH&S Waste Mgt. Group <input type="checkbox"/> External consultant	
Comments: _____	